

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 380583	RECEIPT DATE:	09 / 08 / 99
IA NUMBER: PCT/	JP98 / 01356	IA FILING DATE:	03 / 25 / 98
FAMILY NAME:	NAGATA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	SHINICHI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 28 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P7331-9002	COUNTRY:	JPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	2026385000
		FAX	
NAME:	NIKAIDO MARMELESTEIN MURRAY AND ORAM		
	METROPOLITAN SQUARE		
STREET:	655 15TH STREET NW		
	SUITE 330 G STREET LOBBY		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	200055701
EMAIL:			
APPLICATION TITLES:			
	ORIENTATION MEASURING INSTRUMENT		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/380,583	FILING DATE 09/08/99	CLASS 324	GROUP ART UNIT 2858	ATTORNEY DOCKET NO. P7331-9002
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APPLICANT

SHINICHI NAGATA, AMAGASAKI-SHI, JAPAN; SEIICHI MIYAMOTO, AMAGASAKI-SHI, JAPAN; FUMIAKI OKADA, KAMAKURA-SHI, JAPAN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED

NA      VB

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED      THIS APPLN IS A 371 OF      PCT/JP98/01356      03/25/98

VB

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED	JAPAN	9/095135	03/28/97
	JAPAN	9/260984	09/08/97

VB

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/09/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<input checked="" type="checkbox"/>

STATE OR COUNTRY JPX	SHEETS DRAWING 22	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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ADDRESS

NIKAIDO MARMELSTEIN MURRAY AND ORAM  
 METROPOLITAN SQUARE  
 655 FIFTEENTH STREET NW  
 SUITE 330 G STREET LOBBY  
 WASHINGTON DC 20005-5701

PHONE: (202) 638-5000

  

TITLE

ORIENTATION MEASURING INSTRUMENT

  

FILING FEE RECEIVED  \$1,280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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